

COUNSELING CONTRACTS

Purpose

Counseling services are utilized by DHS local offices for many types of cases, including but not limited to Prevention, Protective Services and Foster Care. Counseling may be provided individually or in groups and to one or all family members.

Definition

Counseling contracts (formerly referred to as Fair Market Rate or FMR contracts) are agreements executed with all providers who meet DHS criteria and request a contract. They are statewide contracts with any provider who meets contract requirements. Contractors indicate the counties from which they are willing to take referrals and DHS offices can consult a website to determine the providers available for their county. DHS local office directors can limit the number or names of providers who serve their county by indicating to the Office of Contracts and Rate Setting (OCRS) which providers should be listed and/or indicating that no new names should be added to their county listing.

Process

OCRS sends an application to each potential provider of counseling services upon notification by a DHS local office of their interest in making referrals to the provider. The application includes instructions to the provider for criminal check clearance. When the provider returns are documentation specified in the application, a contract is prepared based on their selection of services they are interested in providing and the counties they wish to serve. When the provider signs and returns the contract, it is executed by DHS and the provider's name is entered on the DHS-Net.

Current Status

All current contracts expire March 31, 2006. For all of the current contracts, providers were required to provide the following documentation for themselves and all therapists providing service under the contract:

- Criminal check clearance through the National Criminal Information Center (NCIC)
- Copy of the Master's Degree (or above) transcript in an appropriate discipline

- Up to date copy of each staff person's State of Michigan license or certification
- Up to date copy of the liability insurance policy
- Confirmation that the provider's name(s) do not appear on the DHS Central Registry

All new and renewal contractors for the April 1, 2006 contracts will be required to provide the above documentation, with the exception that all must be licensed (not certified). A second criminal check clearance will be required for all therapists who have not documented the clearance within the past 12 months. Local offices will be contacted to ascertain which providers should be listed for their county.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING



MARIANNE UDOW
DIRECTOR

Dear Provider:

The enclosed materials are being forwarded for the renewal of your counseling contract with the Department of Human Services (DHS) for the period April 1, 2006 through March 31, 2009. The materials include:

- Application form
- Information about billing process and rate(s)
- Required documentation for Contract execution
- Identix form and instructions

Service descriptions may be viewed on-line by using the following links:

www.michigan.gov

Click on State Web Sites

Click on Human Services

Click on Doing Business with DHS

Click on Contractor Resources

Click on Counseling Contractors

OR

http://www.michigan.gov/dhs/0,1607,7-124-5455_7199_17182---,00.html

Please be aware that your contract number may change during the renewal process.

- The geographic area to be served will indicate "Statewide" for every contract. The county/counties you have chosen to serve will be listed on DHS' internal provider listing. This list will be used as the basis for referrals.
- State employees cannot be reimbursed either directly or indirectly for services under these agreements. They may not contract directly with the State under any circumstances. State employees also cannot own a business and then contract with the State under that business name. If you employ or subcontract with therapists who are state employees, no DHS referrals may be directed to these individuals for service.

Each therapist must make a determination about whether they will provide services through an individual contract, an agency or through a subcontractual agreement with a contractor. Therapists

may only provide services under one DHS counseling contract. They may not provide duplicate services under multiple contracts (for example, having a contract under the therapist's name and also acting as a subcontractor for another independent contractor).

To receive a contract for signature, complete the enclosed application form and return it with the required documentation to the following address:

Office of Contracts and Rate Setting
235 S. Grand, Suite 1201
Lansing, MI 48913
Attn: Dawn Akers

Please forward all required credentials even if you have recently submitted or updated this information.

To receive an April 1, 2006 start date; the application and all clearances must be received in this office no later than March 15, 2006. For materials received after March 1, the start date of the contract will be determined according to the date the application was received. **Execution of a contract does not guarantee receipt of referrals.** If you have any questions about this process, please call Dawn Akers at (517) 335-6366.

Sincerely,

A handwritten signature in cursive script, appearing to read "Helen Weber".

Helen Weber, Director
Office of Contracts and Rate Setting

Attachments

COUNSELING APPLICATION

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

Email address: _____

Please note that the above is public information subject to FOIA (Freedom of Information Act) requests.

Please provide Social Security number (for individuals) or Federal Identification Number (for organizations) on line below.

Federal I.D. _____ Social Security Number _____

☐

Check this box to indicate that you are not an employee of the State of Michigan and that any employee of yours who is a state employee will not be assigned work pursuant to any counseling contract you may have with the State of Michigan.

☐

Check this box to indicate that neither you nor any of your employees or sub-contractors are servicing another counseling contract through the State of Michigan.

****You must be able to check both boxes above to receive a contract.**

Please list ALL counties where you wish to provide services: _____

Please provide the address(es) of location(s) where services will be provided:

If you have the capacity to provide bi-lingual or multi-lingual services, please indicate the languages other than English: _____

Please check to indicate type of Agency:

☐ Private, Non-Profit ☐ Private, Proprietary ☐ Public

Place a check mark next to each service you intend to provide under this contract
(Service Descriptions are included):

<input type="checkbox"/>	Clinical Counseling	\$63/Unit
<input type="checkbox"/>	Clinical Sexual Abuse Counseling	\$63/Unit
<input type="checkbox"/>	Clinical Direct Support Services	\$63/Unit
<input type="checkbox"/>	Family Counseling	\$63/Unit
<input type="checkbox"/>	Outreach Counseling	\$73/Unit
<input type="checkbox"/>	Outreach Sexual Abuse Counseling	\$73/Unit
<input type="checkbox"/>	Outreach Direct Support Services	\$73/Unit
<input type="checkbox"/>	Group Counseling	\$120/Unit
<input type="checkbox"/>	Group Sexual Abuse Counseling	\$120/Unit
<input type="checkbox"/>	Group Direct Support Services	\$120/Unit

NOTE: A Unit is equal to a 50-minute session except for Group counseling which is a 1-1/2 hour session. Contracts do not permit billing for missed appointments.

Check to indicate that you have included the following required documentation:

- ☐ A copy of each staff person's Master's Degree (or above) who provides counseling or psychotherapy under this contract.
- ☐ An up-to-date copy of each staff person's State of Michigan license to provide counseling or psychotherapy under this contract.
- ☐ An up-to-date copy of the Liability insurance policy for each staff person/agency providing counseling or psychotherapy under this contract.

PLEASE NOTE BOTH THE NATIONAL CHILD PROTECTION ACT (NCPA) CLEARANCE THROUGH THE NATIONAL CRIME INFORMATION CENTER (NCIC) AND CENTRAL REGISTRY (CR) CLEARANCE MUST BE COMPLETE BEFORE THE CONTRACT CAN BE EXECUTED.

BILLING INFORMATION

The Unit Rate Billing Method is used in claiming reimbursement under the Agreement.

The Contractor submits a monthly Statement of Expenditures, DHS-3469, to the DHS local office for only those clients referred from that office. The DHS -3469 indicates the units of service delivered, separated by program; the reimbursement rate by type of service; the total amount being claimed and number of clients served. For Outreach Counseling units billed, the Contractor may bill for mileage exceeding thirty (30) miles per round trip at the State premium rate for mileage or the established Contractor rate, whichever is lower. The DHS -3469 shall be submitted to the DHS within thirty days from the end of the monthly billing period. For the month of September, billings shall be submitted as directed by DHS to meet fiscal year end closing deadlines. If the billing is not received during this period, no payment shall be made by the DHS for that billing period unless an exception is specifically authorized by the DHS Director or his delegated representative. In no event shall the DHS make payment to the Contractor for billings submitted more than 90 days after the end of a billing period. The DHS makes payments monthly to the Contractor approximately four weeks after receipt by the DHS of the Contractor's monthly Statement of Expenditures, DHS -3469.

***Wayne, Macomb, Genesee, Oakland and Lapeer Counties are NOT accepting new providers.*

Fingerprint Process Instructions

The State of Michigan has contracted with a private vendor, Identix Identification Services (IIS) for this service. IIS will process the fingerprints electronically. Please see the steps below:

- Step 1:** Applicants need to call Identix at 1-866-226-2952 to set up an appointment. Applicants may access the IIS web site at www.identix.com/iis
- Step 2 :** IIS will provide the applicant with a date and location closest to the applicant within 10 business days; and within a 50 mile radius.
- Step 3:** The applicant completes the Applicant Information portion on the enclosed Livescan Fingerprint Request Form. The form and payment need to be brought to the appointment. All fees involved in this total process are the responsibility of the applicant.
Fee: \$54 (NCPA clearance) + \$16 (Livescan fee) = \$70 Total
Please make check payable to Identix
- Step 4:** IIS will capture the fingerprints and personal information and transmit the data to the State Police
- Step 5:** The State Police will perform the check on the state database and forward the check to the FBI. It will mail the combined printed responses to the requesting agency, usually within five business days. At no time will IIS have access to criminal records.

LIVESCAN FINGERPRINT REQUEST

Date fingerprinted:

Type of picture ID presented:

APPLICANT INFORMATION

Must provide picture ID to be printed

Applicant Name (Last, First, Middle)

Date of Birth:

Race:

Sex:

Social Security Number:

Applicant address (street, city, state, zip)

Applicant phone number: ()

REQUESTING AGENCY INFORMATION

Agency ID: **9533J** Agency Name: **Office of Contracts & Rate Setting**
(RQID)

Reason fingerprinted: **CPE-National Child Protection Act, NCPA**

****Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason. ****

**STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
COUNSELING CONTRACT
REQUIRED INFORMATION**

- PROOF OF MASTER'S DEGREE (OR HIGHER)
- PROOF OF STATE OF MICHIGAN LICENSE TO PROVIDE COUNSELING SERVICES
- PROOF OF LIABILITY INSURANCE (INDIVIDUAL POLICY OR AGENCY)
- CENTRAL REGISTRY CLEARANCE – COMPLETED BY LOCAL DHS OFFICE
- NATIONAL CHILD PROTECTION ACT (NCPA) CLEARANCE – COMPLETED THROUGH FINGERPRINT PROCESS